



Zoning Certification Request

Date: _____

Applicant's Information

Applicant Name: _____

Business Name: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Property Address: _____

District: _____ Land Lot: _____ Parcel: _____

What types of business activities take place on this property? _____

Please select one of the options below:

I would like this zoning classification letter:

- ☐ Mailed to the mailing address above
- ☐ Faxed to the fax number above
- ☐ Emailed to the following email address: _____
- ☐ Please call when ready, I will come to the Planning & Zoning office to pick up

Required Attachments:

- ☐ Legal description, survey, or tax map (parcel highlighted) of the property
- ☐ \$10 fee for each parcel
 - Checks payable to City of Marietta
 - [Bank Card Transaction](#) form for credit card payments

****Please Note: Zoning Certifications will be processed within 5 business days****